



Carla N. Wyckoff
Lake County Clerk
18 N. County Street, Rm. 101
Waukegan, IL 60085
(847) 377-2400

ASSUMED BUSINESS NAME
Application
\$5.00 Filing Fee

Name of Business: _____

Nature/Purpose: _____

Describe the service or type of business

Address(es) where business is to be conducted or transacted in this county:

Legal street address required – No P.O. box *City, State, Zip*

Mailing address or P.O. box *City, State, Zip*

Telephone number and E-mail address

Name and residence or mailing address of the person(s) owning, conducting or transacting business:

Name

Street

City, State, Zip *Phone*

Name

Street

City, State, Zip *Phone*

STATE OF ILLINOIS)
COUNTY OF LAKE)

This is to certify the undersigned intend(s) to conduct the above named business and the true and legal full name(s) of person(s) owning, conducting or transacting the business is/are correct as shown.

Signature *Date*

Signature *Date*

The foregoing instrument was acknowledged before me by

FOR OFFICE USE ONLY

Printed name(s) of person(s) who appeared and signed before Notary Public

Printed name(s) of person(s) who appeared and signed before Notary Public

on this _____ day of _____, 20_____.

Signature of Notary Public *Place notary seal below*